

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date 8/27/87 Application Number 87-4	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES State Health Planning Agency 4 Executive Park Drive NE Suite 2100 Atlanta, Georgia 30329	ARCHIVES AND HISTORY Application Number 89-063 Date Received AUG 31 1987 Date Completed AUG 14 1989
2. Person to Contact Ann Marshall Working Title Administrative Officer Telephone Number 404/633-5247		
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest 1982 Latest continuing	5. Records Series Title (followed by title used in office, if different) (SHPA) State Health Review Board Hearings ^{Case} Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The State Health Planning Agency has the responsibility for providing planning and technical assistance to managers and planners for meeting the expectations of the Federally-funded comprehensive health planning programs. This is accomplished by: preparing the State Health Plan for determining the health service requirements of Georgia residents; identifying the available resources for health services; developing plans for carrying out activities to provide health service needs; approving or rejecting Certificate of Need applications; reviewing and commenting on applications in accordance with Section 1122 of the Social Security Act; providing staff assistance to the Statewide Health Coordinating Council; approving architectural plans and monitoring construction of health facilities; monitoring uncompensated care provided for poor patients; and implementing Appropriateness Review for assurance that institutional health services are meeting the needs of citizens when measured by established standards. Continued on Page Two-----		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: recording the activities of the State Health Review Board Included are: [Executive Order establishing the State Health Review Board, Policies and Procedures, State regulations and guidelines applicable to the State Health Review Board] pre-hearing transcripts and documents, transcripts of hearings, supporting evidence and documents, final decision of hearings and related materials and correspondence. <i>provided with application for background information. Records in series are the records of the hearings - case files.</i> <i>8/2/89</i>		
The file is arranged: chronologically by year, then by project number and by name.		
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? How often are records referred to which are:		
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) 30 boxes		

X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | Permanent _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Administratively, these files are needed permanently to document the activities and the decisions of hearings made by the State Health Review Board

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

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These instructions apply to all prior and future accumulation of records for this series title.

Signature	Date	Signature	Date												
DHR Office/Division — Director/Designee		DHR Records Management Supervisor													
<i>Ann Marshall</i>	8-13-87														
DHR Section/Unit — Chief/Supervisor/Designee		DHR Records Management													
<i>W. H. Ryan</i>	8-14-87	<i>Paul V. Murphy</i>	8/25/87												
<div> <div>870831-03</div> <div>Retention recommendations in paragraph 12 are approved — If not approved, please attach a letter of explanation.</div> <div>89-063</div> </div> <div> <div>STATE RECORDS COMMITTEE</div> <table border="1"> <thead> <tr> <th></th> <th>Signature</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>State Auditor/Designee</td> <td><i>W. H. Ryan</i></td> <td>8-11-89</td> </tr> <tr> <td>Secretary of State/Designee</td> <td><i>Edward Weldon</i></td> <td>8/10/89</td> </tr> <tr> <td>Governor/Designee</td> <td><i>W. H. Ryan</i></td> <td>8/14/89</td> </tr> </tbody> </table> </div>					Signature	Date	State Auditor/Designee	<i>W. H. Ryan</i>	8-11-89	Secretary of State/Designee	<i>Edward Weldon</i>	8/10/89	Governor/Designee	<i>W. H. Ryan</i>	8/14/89
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